Meal and Lodging Reimbursement Form

SM Submit to: Shana Fisk 19069 Van Buren Blvd. Ste 114-400 Riverside, CA 92508
OG/SS Submit to: IEM ll66 Broadway Ste. Q Placerville, CA 95667

Check one: ☐ Certificated ☐ Classified ☐ IEM Employee Date: _____

Employee Name: _____ School_____

Employee Address_____

Employee Telephone Number_____ ES#_____

To be eligible to have reimbursed meals on business travel the employee must either stay overnight or have worked a full day and had to travel two hours both to and from the business event site to be eligible for meal reimbursement. Please review the following web site for allowable meal and lodging allowances.
http://www.gsa.gov/Portal/gsa/ep/contentView.do?queryYear=2009&contentType=GSA_BASIC&contentId=17943&queryState=California&noc=T

Event/Purpose	Date	Overnight stay Yes No	Travel Time each way	Allowable Meal reimb.	Meal reimb Request	Allowable Lodging	Lodging Reimb. request	Object cod	Cost Center	Total this line

Total $_____

I hereby certify the above to be true and accurate account of my employment and the actual and necessary travel expenses incident thereto for the period indicted. I also certify that I am not receiving compensation or reimbursement from any other project or with funds for the same period named above.

Employee Signature _____ Date_____

Authorizer Signature _____ Date_____